

## Receipts and Disbursements Report

## U.S. Department of Labor



Office of Labor-Management Standards  
Washington, D.C. 20210  
(Feb. 1986)

Required of Persons, Including Labor Relations  
Consultants and Other Individuals and Organizations,  
Under Section 203(b) of the Labor-Management  
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB  
No. 1214-0001  
Expires: 12/31/86

## A—PERSON FILING

## 1. NAME AND ADDRESS (Include ZIP code)

PIUNNALL & ORG. SERVICES  
11615 E. DELA O RD,  
SCOTTSDALE, AZ 85261

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY  
TO VERIFY THIS REPORT ARE KEPT:

## 3. FILE NO.

531

4. PERIOD  
COVERED  
BY THIS  
REPORT

From:	Month	Day	Year
To:	1	1	00
	12	31	00

## B—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

## 3. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)

ESI. RD. 324 460 MONTEBELLO CAL. 90640  
CARE AMBULANCE 8922 KATELLA ST. 201, ANAHEIM CAL  
92804

## 6. TERMINATION DATE

## 7. AMOUNT

1/14/00	\$ 9573.43
11/17/00	21,808.82
TOTAL	\$ 31,382.25

## C—STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

## 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
M. O. DOWNFIL	\$26,932	\$4,602.25	\$31,382.25
Total Disbursements to officers and employees:			\$31,382.25

9. Office and Administrative Expenses	\$ -0-
10. Publicity	-0-
11. Fees for Professional Services	-0-
12. Loans Made	-0-
13. Other Disbursements	-0-
14. Total Disbursements (Sum of Items 9-13)	\$31,382.25

## D—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
NONE		\$	
TOTAL		\$	

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

## E—VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: Mark P. Downfil PRESIDENT  
(If other title, cross out and write in correct title above.)  
at SCOTTSDALE, AZ 1/9/00  
City State Date

SIGNED: \_\_\_\_\_ TREASURER  
(If other title, cross out and write in correct title above.)  
at \_\_\_\_\_ City State Date

